PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

Fees Paid (\$)

Under West aperwork Reduction	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the perwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number										
Effecti	Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolid	•		Application Num	n Number 10/539,988							
FEE TR	ANS	IVIIIIA		Filing Date	Ju	ne 17, 2005					
For	r FY 20	008		First Named Inv	entor Ja	nne AALTONE	N				
				Examiner Name	Ch	Charles N. Hicks					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	26	2623					
TOTAL AMOUNT OF PAY	MENT (\$)	450.00		Attorney Docket	No. 91	5-002.004					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 23-0442 Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
wander 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, SEAR	CH, AND I			N. 5550	EVA MAIN	ATION FEED					
		mall Entity	SEARC	CH FEES Small Entity	ntity Small Entity						
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)				
Utility	310	155	510	255	210	105					
Design	210	105	100	50	130	65					
Plant	210	105	310	155	160	80					
Reissue	310	155	510	255	620	310					
Provisional	210	105	0	0 .	0	0					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Small Entity Fee (\$) 50 25											
Each independent claim over 3 (including Reissues) 210 105											
Multiple dependent cl	F (A)	D=:-1 (#)	370 185								
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$) Fee Paid (\$)</u> 34 - 20 or HP = 9 x 50.00 =450.00						Multiple Dependent Claims Fee (\$) Fee Paid (\$)					
34 - 20 or HP = 9 x 50.00 = 450.00 Fee (\$) Fee Paid (\$)											

. APPLICATION SIZE	FEE					
If the specification an	d drawings exceed	100 sheets of pa	aper (excluding electroni	ically filed se	equence or	computer
listings under 37 (CFR 1.52(e)), the a	pplication size for	ee due is \$260 (\$130 for	small entity)	for each	additional 50
sheets or fraction	thereof. See 35 U.	S.C. 41(a)(1)(G)) and 37 CFR 1.16(s). ich additional 50 or fractio			
Total Sheets	Extra Sheets	<u>Numbér óf eá</u>	ch additional 50 or fractio	n thereof	Fee (\$)	Fee Paid (\$)
- 100 -	15	0 -	(round up to a whole no	mber) v		_

Fee Paid (\$)

Fee (\$)

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)

Extra Claims

0 HP = highest number of independent claims paid for, if greater than 3.

Other (e.g., late filing surcharge):

Indep. Claims

7____- - 3 or HP =

SUBMITTED BY Registration No. (Attomey/Agent) 31,391 Telephone (203) 261-1234 Signature Date Name (Print/Type) Francis J. Maguire - JUN-08

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.